

## Chapter 4

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# CLIENT–PRACTITIONER DYNAMICS: BOUNDARIES AND THE POWER IMBALANCE

For a deeper understanding of the need for good boundaries and framework, we have to take a closer look at our relationships with clients. Often those relationships are more complicated than they appear at first. Much is going on beneath the surface that may seem puzzling and challenging, making it difficult for practitioners to stay clear headed and compassionate.

Clients respond to us in ways we can't always explain—sometimes they touch our hearts, and sometimes they push our buttons. Some clients act as if we're gods, and others seem monumentally unimpressed. Some are as open to us as children; others seem to be wearing a suit of armor. Sometimes we feel drained by clients, and other times, we feel exhilarated by them. Often we don't understand either reaction.

### *Transference and Countertransference*

Understanding the built-in power difference between us and our clients is the key to unraveling the complexities of those relationships. We are more important to our clients than we often realize. When we take on the role of practitioner, it is that role, not necessarily who we are personally, that gives us special authority or power in clients' eyes.

For one thing, the intimacy of the situation may bring up unconscious issues for clients (and, as we will see later, for us as well). That holds true even if our work is not psychologically oriented, even if we are “just” giving a massage. On some level, those unconscious factors can tend to make clients feel dependent on us or even like children. Consider the circumstances that we work in: we are clothed, our clients are naked or close to it. We are active, they are relatively passive. What we are doing and why we are doing it are often unclear to them—not because we have not explained it well but because much of our work defies verbal explanation. Our touch is often nurturing, sometimes probing, but always personal. Also, clients (and

practitioners) are often in an altered state of consciousness, a state in which they are less in their thinking minds and more open and vulnerable than they usually are in their day-to-day lives. Add these factors together, and we can begin to appreciate the strong influences going on during sessions.

It's natural for clients to experience us—again, on an unconscious level—as a parent or an authority figure. In their minds, we become a little (or a lot) larger than life and more powerful than they are. Everyone has more or less unresolved issues related to parents or authority figures, and clients bring those issues into the session. Because of that, clients may look up to us with far more admiration than they would if they met us in another context. Or they may be more wary of us than they would ordinarily be.

Psychological theory calls the process of how clients react to the power imbalance as **transference**. Old hurts, longings, and conflicts from a client's past relationships with authority figures or important others are unconsciously *transferred* to us in our role as practitioner. For instance, a client who was physically abused as a child may have an unconscious fear of being injured by the large person (and we all look big as we stand over clients) looming over them. Or the client who felt lonely and abandoned as a child may hope for their practitioner to be the all-giving, unconditionally loving parent they wished they'd had.

How do we know that transference is happening? Clients aren't usually consciously aware of these feelings, so they don't generally talk about them. Instead, we see transference in the ways clients relate to us. For instance, some clients defer to us and never question our judgment, others show adoration or develop crushes, and still others seem to mistrust us for no obvious reason. ("Crush" in this context describes a feeling of admiration for or attraction to a practitioner that is similar to the innocent feelings that a third grader has for his or her favorite teacher. Although there may be a hint of sexual feeling, the client doesn't attempt to act on it.)

What does transference mean to you in your role as a caring practitioner? Transference can happen immediately, the first time a client meets you, and can deepen with an ongoing relationship with a long-term client. Transference is a very common aspect of your relationship with any client, whether a one-time or a regular client.

You will never understand all that is going on inside your clients, and you do not want to try to be their analyst. But you do need to know that the dynamics of your interactions with clients are more complex than they seem. You also need to know how to help clients feel safe with you in light of these dynamics.

### *Positive and Negative Transference*

One way to look at transference is in terms of its positive and negative aspects.

**Transference:**

When a client unconsciously projects (transfers) unresolved feelings, needs, and issues—usually from childhood and usually related to parent or other authority figures—onto a practitioner.

### POSITIVE TRANSFERENCE

When a client has special affection or adoration or deference toward us, we call it positive transference.



*Positive transference.*

Clients can feel as if they are small and relatively insignificant and we are large and benevolent. We see positive transference most dramatically when clients have innocent crushes on us or are in awe of us and think we are special and wonderful. However, it is usually more subtle, as described under “Signs of Transference” later in this chapter.

### NEGATIVE TRANSFERENCE

We see negative transference in clients who mistrust us without good reason, who expect us to hurt or criticize them.

Here are two examples of negative transference:

A new client is nervous and asks an unusual number of questions about the practitioner’s qualifications. During the bodywork session, the client pulls back at the slightest hint of discomfort. Later, she reveals that she was physically abused as a child.

A male client seems very “controlling,” telling the practitioner exactly where and how deep he wants the work to be. He has a hard time relaxing, resists closing his eyes during a session, and is constantly aware of small sounds from the outside. After several sessions, the practitioner learns that the client grew up in a war-torn country and endured constant air raids and fear for his life.



*Negative transference.*

Assuming that the practitioners in these examples provided safe, welcoming spaces and presented themselves as professional and attentive, these clients were not responding to the actual situation in front of them; the danger they were reacting to was in their past, not the present. It's not useful for practitioners to respond with annoyance or dismay when clients seem overly sensitive, try to take charge, or are especially vigilant. Understanding that unconscious fears may motivate such reactions helps us respond with compassion and attentiveness.

With negative transference—when the client is critical of us or doesn't trust us—we sometimes have the feeling of “But I didn't do anything.” or “Why does that bother her? It doesn't bother anyone else.” Although negativity from the client may feel like a threat or an attack, it is usually no more about us than are positive transference reactions. Human nature being what it is, we often see negative transference as the client's problem, as some

kind of character defect, yet we see positive transference as a natural response to our winning personality or exceptional skills.

We can't always know what a client is feeling—or why. In fact, we may misinterpret a client's behavior; clients (and people in general) don't always act the way they feel. A client who feels afraid of us may act defiant. A client who thinks the practitioner is the best thing since sliced bread may act nonchalant. And to make it more complicated, clients often feel both positive and negative transference toward their practitioners. Whatever form the transference takes, be aware that clients are giving extra weight to what we say and do.

### *Transference, a Normal Process*

Transference may sound complex and unusual, but it's actually part of our everyday life even outside our offices. It's normal for any of us to bring the past into our present relationships. In fact, it happens all the time:

Mary overreacts to her boyfriend's teasing because her father, who teased her, was critical and hurtful in other ways.

John feels especially connected to and possessive of a friend who is nurturing to him in a way that John's mother was not.

These kinds of transference are common in our everyday lives. But they are magnified in a manual therapy session because of the intimacy of the setting, the client's altered state, and the way that the practitioner/client roles mimic those of parent/child.

Once clients connect with us as practitioners, transference just happens. Never mind that our clients are adults or may even be older than we are. Transference isn't a rational process. It's more like the way baby ducks follow after the first animal they see. It has been many years since I had my first Roling series, but if my first Rolfer happened to walk by today, I would want to waddle after him, quacking and flapping!

Some well-meaning practitioners will protest, "But I want to be an equal with my clients. I don't want to have any power over them." Although this is a noble idea, transference can't be avoided. The situation isn't a level playing field from the outset. No matter what our good intentions, it's natural that some degree of transference happens.

The minute we take on a client, we acquire a responsibility toward that person. The relationship is unequal, and it is likely to continue that way for as long as we know the client. True, we want to continue to give power back to the client, as appropriate. Ways to do that are discussed later in this chapter.

## Countertransference

Practitioners come to bodywork sessions with all their own history, too. Like clients, we are in an intimate situation and often in an altered state while we work. In these conditions, practitioners also can lose their objectivity. Old feelings and attitudes can cloud our judgment and interfere with the way we respond to clients. When a practitioner transfers feelings to a client that belong in the practitioner's past or that are related to the practitioner's issues, it is called **countertransference**.

Countertransference, like transference, is an unconscious process—usually we're not consciously aware of why we're responding to a client in a certain way. Here are some possible scenarios that show countertransference:

Massage therapist Martha responds with irritation to a picky, complaining client, who has made many requests. When the client makes one more request, this time for more heat, Martha snaps, "I hope this is the last request you'll make. I can't concentrate on my work."

Although Martha's not aware of it, that client reminds her of her chronically complaining mother. Martha may think she's responding as any practitioner would to an annoying client. However, she's actually relating to the client as an angry child would. If Martha stepped back into her professional role, she might realize that the client has a right to ask for alterations that will enhance her comfort.

Bodyworker Bill bends over backward for his kindly older client, Robert, who acts as if everything Bill does is wonderful. In Bill's mind, Robert has become the ideal dad he longed for, so he makes extra concessions for Robert, scheduling sessions at times he doesn't usually work and extending credit when he usually requires payment with each session. When Robert doesn't respond as quickly to treatment as Bill wants him to, Bill feels crushed. He doesn't see that he's relating to the client as if he were a child wanting to do anything to please his parent. If Bill was more self-aware and objective, he wouldn't bend his boundaries without good reason, and he wouldn't be discouraged by the normal ups and downs of treatment.

When a regular client decides to stop making appointments because his back doesn't hurt anymore, somatic practitioner Sue relates to the event as if the client were the parent who abandoned her. Sue feels angry and rejected rather than having the healthy perspective that she's done such good work that the client is now able to stop seeing her.

### **Countertransference:**

When a practitioner allows unresolved feelings and personal issues to influence his relationship with a client.

### *Transference and Countertransference Together*

A client's emotional transference-driven response can elicit an emotional countertransference response from the practitioner. As an example, consider that when people feel small and defenseless, they may act angry and critical. A client who feels small and defenseless may react with anger or pickiness, and the practitioner, who then also feels small and defenseless, may react with irritation and defensiveness. Both the client and the practitioner feel threatened and end up acting critical or menacing.



Here's an example:

Both client and practitioner are perfectionists—both believe that they never measured up to their parents' expectations, and both still carry that insecurity. The practitioner, meaning to give information and sympathy, says to the client, "Boy, you're tight in your upper back." The client hears it as a parental criticism of his ability to take care of himself and responds with an irritated, "That's what you're supposed to help me with!" The practitioner hears that as a criticism of her professional skills and mumbles an exasperated, "I'm doing the best I can."

A more therapeutic response from the practitioner might be to say cheerfully, “You’re right—it is what I’m supposed to do! I meant to say that it looks like you’ve been under a good deal of stress.”

## Signs of Transference

There are various ways that we can tell that positive or negative transference is in play.

### *Clients’ Passivity*

One sign that clients have promoted us to an elevated status is that, in general, clients rarely express their unhappiness with something we’re doing, and they often agree to something they don’t really want to do. They may tell us, for instance, that they are fine lying in a position that is actually making their neck hurt. They often don’t speak up when we make them uncomfortable, such as when we’ve set the room temperature too hot, we’re talking too much, or even when they think their practitioner has crossed sexual boundaries. If we make them too uncomfortable, they simply don’t come back, sometimes without being conscious of the reason. Or they might remain as clients but become what we call “difficult” clients. The sense of powerlessness that usually goes with being a client is especially noticeable when the client is also a peer. I hear many stories from even seasoned practitioners who have had trouble speaking up when getting work on themselves. You would think that, as professionals, we would have no trouble asserting ourselves, but because of the power of the transference, because of what happens when we are on the table, we may be as speechless as anyone else. If we feel powerless to question our colleagues, how must our clients feel?

Here are stories told by practitioners who were the client at the time.

The session ended 20 minutes earlier than usual, but I didn’t question it.

The gardener was cutting the grass with a loud lawn mower right outside the window, and it was hard to focus, but I didn’t say anything.

He expressed sexual interest in me during the session. I told him I wasn’t interested. He’s such a nice guy that I couldn’t tell him how disturbing his inappropriate behavior was to me.



Practitioners who tell these stories are usually bewildered or embarrassed that they didn't speak up when they were the client. "I know I should have said something," they say apologetically.

Even in the most traumatizing situations—sexual violations—clients rarely assert themselves. There are many stories of a practitioner intentionally or unintentionally crossing a sexual boundary and then, when later confronted, protesting, "But she didn't say anything."

Sometimes power differences are exaggerated by circumstances that either give the practitioner extra authority or make the client more powerless. For instance, cultural perceptions about authority come into play. The authority gap can be greater when a man is working with a woman or when a practitioner is physically much larger than a client. Also, the power difference is exaggerated when a practitioner is a client's teacher or has special status in the community. It can also be heightened if we are working with a client in crisis.

An experienced bodywork client who was having acute back spasms went to see a bodyworker who was esteemed in the community. The client said, "During the session, I felt like what she was doing wasn't right for me, but this woman is 'the best', and I didn't question her. I ended up feeling injured by her work."

Practitioners who fit into any of these categories may need to take extra care to help their clients feel safe. For example, all of us need to explain what the treatment will involve, get clients' consent before treatment, and let clients know they have the right to refuse any part of the treatment or ask the practitioner to stop. However, practitioners who know the power imbalance is greater than usual will need to be especially alert to signs of discomfort in clients.

### *The Captive Audience*

Positive transference can be so subtle and pervasive that we can take advantage of it without realizing it. For instance, during a session, we may talk on and on about our philosophy of life while the client listens as if to a guru. Just because the client has fallen into the illusion that we are wiser and somehow better than they are doesn't mean that we have to fall in there with them.

It can be appealing to have an attentive audience that defers to us. In the presence of the admiring (or, at least, not overtly complaining) client, we may imagine we have such interesting stories to tell or that our opinions and thoughts on just about anything are especially meaningful. When we allow that to happen, we have forgotten that the client is the star of the show, not us.

Clients may put up with practitioner's self-centeredness. Who would risk offending someone who holds the key to helping them? Clients come to us hoping to feel better, and sometimes they are in pain. Who would risk insulting their bodyworker?

When we mistake positive transference for the truth or when we buy into the idea that we are somehow better than the client, we lose our curiosity about the client—and we lose our effectiveness. What does the client want from the session? What pain is the client ready to release? What are the client's strengths and dreams? Clients know more about themselves than we do—sometimes they simply don't know that they know. Our job is to help them find the best in themselves, not to impose our own needs and egos.

Our curiosity and compassion go out the window when we pretend to be all-knowing or when we forget that the session belongs to the client. Even if clients need to put us on a pedestal, we have to find ways to let them know that, although we are competent, we are merely consultants who have certain gifts and training; they are the ones who have the power in their own lives.

### *Lost Souls*

Isn't it okay to have some clients who really like us, clients with whom we have a great connection? The answer depends on another question: Are our sessions with them about us or about them? Are those clients lost souls coming to hear what we have to say, or are we the ones who listen with curiosity and interest to what they bring to a session?

Some clients try hard to please us, and that can feel good. But by basking in the glow of our own egos, we can miss the desperation underneath their efforts to please. Certified Feldenkrais trainer Paul Rubin talks about clients who are at a time in their lives when they feel like "lost souls": "Many people are at a choice point of 'Do I find myself, or do I find someone I can see as more powerful with whom I can have a dependent relationship?' It's always up to us to guide people back to finding their independence."

It can be natural and therapeutic for clients we see regularly to be dependent and to look up to us to some degree. Certainly, most of us have had times in our lives when we felt like lost souls. However, if our practices are full of people who call us after hours or who rely on us to help them make decisions, then we need to take a look at what's going on. Are we getting our own emotional needs met by cultivating dependency in clients? It's not our job to run our clients' lives. As a colleague Janet Zimmerman so aptly put it, "We have to remember that we're just the hired hands."

### *Sexual Feelings*

Crushes are a common form of transference, and it is easy to think that they are about us. They really are not. (Again, we're not talking about clients who

are sexually inappropriate or aggressive with us.) Crushes don't mean that clients want romantic relationships with their practitioners. Rather, the client's unconscious is using the practitioner (in an appropriate, therapeutic way) to deal with deep issues. For instance, they may see in us the good, nurturing parent they wish they'd had. Or maybe the work itself, the softening of tightly held tissue, has helped them get in touch with old longings, and they then think those longings have something to do with us. Our work with such clients, perhaps our acceptance of them, has awakened something in them, but their feelings aren't really about us.

If the client with a crush is of an age and gender we are usually attracted to, the situation can be more dangerous; it may make it easier both to misinterpret the client's intentions and to return the interest. Practitioners who are drawn to doing that should seek outside help to sort it out. It's unethical to take advantage of a client's romantic transference feelings for us.

### *How to Work with Transference*

Many psychotherapists actively work with transference to help clients heal old wounds, learn new patterns of relating, and so forth. Although that is beyond our scope of practice, we can still be therapeutic in our actions. For instance, if a client is (unconsciously) expecting the worst, such as punishment or criticism, then it must surely be helpful for that client if the practitioner's responses are, instead, caring and reasonable. Or with a smitten client it can be helpful for the practitioner not to soak up the adulation but, instead, to gently give the power back to the client. That and other guidelines for dealing with transference are provided below.

#### **DON'T TALK TO CLIENTS ABOUT THEIR TRANSFERENCE**

The first rule is—and this is one of the rare times the word “rule” is used in this book—don't talk to clients about what you imagine their transference to be. For instance, don't say, “You're just upset with me because you're still mad at your mother” or “You have a crush on me because you need a strong father figure.”

For one thing, you don't really know what's causing their behavior. And second, remember that transference is unconscious; the client may not know what you're talking about and may find it confusing or annoying. It can seem patronizing to tell clients your ideas about their motivations. It assumes both that you know more about them than they do and that you have license to talk about psychological dynamics with them. A client coming to us for a relaxing rubdown, a balancing structural integration session, or an injury-related sports massage probably doesn't have an interest in our psychological theories.

### UNDERSTAND THAT TRANSFERENCE ISN'T USUALLY ABOUT YOU

It's worth saying this again: "Transference" means the client's reaction is only superficially about you. Whether it's adoration or deep mistrust, it's often not really about the practitioner. (Although there's probably a grain of truth behind their reaction—you've done something that pleases or displeases them—their response is out of proportion to the actual event.) Practitioners are mistaken if they think they really are that perfect when clients adore them or that awful when clients are mad at them.

Clients may want to take care of you, please you, challenge you, or berate you. None of these responses is necessarily about you. The challenge is to keep an even keel and not be swayed by clients' reactions.

### KNOW WHEN TRANSFERENCE IS ABOUT YOU

Knowing the dynamics of transference, however, doesn't give you license to dismiss all clients' complaints or criticisms as simply their old unresolved issues. If you keep getting the same kinds of negative feedback, it probably is about you. Understanding transference should make practitioners more respectful of and sensitive to clients.

There's truth in both positive and negative transference, but that truth is usually about your professional self, not your private self. Clients who love you may be responding to the fact that, during your sessions with them, you are caring, concerned, and sensitive to their needs. However, if clients knew you in your personal life, they would have a fuller, more human, and less idealized picture. By the same token, a client who has trouble trusting you may be responding to a problem with your professional behavior, not who you are in your private life. For instance, if you are chronically late in starting sessions, clients for whom punctuality is important might see you as an uncaring and inconsiderate person, regardless of whether that is generally true about you.

### KEEP THE BOUNDARIES EXTRA CLEAR

Faced with a strong negative or positive transference, your job is to be extra crisp about boundaries and to pay close attention to framework. If the client is already in "transference" love with you, for example, you would not want to accept her invitation to a party or in any way encourage a more social relationship. If the client is already uncomfortable with you, taking even greater care with the therapeutic environment can help her feel safer. The more you keep boundaries clear, the lower the possibility that transference will become destructive to the therapeutic relationship.

### BE RESPECTFUL

Whether they exhibit crushes or fears, all clients deserve practitioners' respect, not their judgments. We don't know where any of these feelings originate in

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clients. We don't know what their histories are or what deep aspects have been stirred. A colleague tells this story:

A client complained about being poked by my fingernails, and I debated a minute before deciding to do anything about them. I'd just gotten a manicure—lovely red nails—and I'd just seen my favorite teacher, who also had long nails, work without pain to her client. Nevertheless, I decided to file my nails and was glad I did. Later in the session, my client told me that when she was a child, her mother would punish her by actually cutting her skin with her long red fingernails.

#### DON'T TAKE ADVANTAGE OF CLIENTS

Avoid taking advantage of clients' transference even in small ways, such as using them as an easy audience. And of course, practitioners who use the affection that clients have for them for their own advantage—turning current client into a business or romantic partner, for example—are committing the worst kind of ethical violation.

#### KEEP GIVING THE POWER BACK

By your behavior, you can let clients know that this is a therapeutic situation—that you aren't an abusive parent or a savior and that the power is in their hands. Sometimes you can tell them these things directly with phrases such as, "You're the expert on your own body" or "Please tell me if you want me to stop what I'm doing at any time."

From your first interview, let them know that you are working with them in partnership. Ask them what they want from their work with you and explain your work as carefully as possible so that they know what is being offered to them. Let them know that you won't take it personally if they want changes in the environment or the work itself—for instance, if they want you to turn the heat up or down or work more lightly or more deeply. Avoid treating them like children or creating your own agenda for them. Here's an example:

A client comes to a practitioner for a relaxing massage for her sore back. Without asking the client her wishes, the practitioner decides that the client also needs to do exercises at home and sends her home with instructions. The practitioner is then upset when the client returns and has not done her "homework."

Think in terms of educating and suggesting rather than imposing and ordering.

## Signs of Countertransference

Countertransference happens when practitioners bring unresolved issues and feelings into the session. When you take what a client says or does personally, it is considered countertransference. For instance, if you're constantly disappointed and angry with uncooperative clients, that's a red flag. What you can reasonably expect from clients is some form of payment and that they treat you with respect. As long as they aren't abusively insulting or disrespectful, clients should be free to complain, become enamored of you, improve, not improve, and generally go at their own pace without your taking it personally. If you expect certain kinds of validation—that they get better at a certain rate so you can feel like a “good” practitioner or that they praise your work during every session—that is countertransference and is not useful.

The intimacy of bodywork triggers deep emotions and old feelings, and practitioners are as much a part of that unconscious soup as are clients. Practitioners can easily lose their objectivity. Any strong feelings about a client—anger, chronic annoyance, or even love or caring—can signal that you are lost in countertransference. Another common red flag for countertransference is feeling tired or drained when you work with certain clients. Be curious about any negative reactions to clients, and get help with understanding these feelings.

What about being fond of your clients? Isn't it natural that you open your heart to your clients? One way to distinguish healthy affection for clients from unhealthy ones is the extent to which they have become “special” to you. Do you give extra attention to what you're wearing if you're seeing them that day? Do you make exceptions for them that you don't for other clients? Do you give them extra time, rearrange your schedule to accommodate them, or let their bills slide? Do you go out of your way to help them with an outside problem? In other words, do you bend your own boundaries for this client?

A colleague relates:

I was attracted to one of my new clients and at first wasn't conscious of it. After a few sessions, I began to have signs of countertransference: I always looked forward to her session with some excitement and felt “high” at the end. I made a point of telling her about upcoming events that might be of interest to her and realized that this was in hopes that I might “accidentally” bump into her. She had a busy work life, and I often came in earlier than I usually do to accommodate her. After I became aware of what I was doing, I discussed the attraction with a respected teacher and was able to regain my balance with this client.





Looking forward to a client's session with excitement is a red flag for countertransference issues.

If you imagine that you are the only one who can truly understand or help a particular client, you are headed for trouble. If you see yourself as “rescuing” a poor, helpless client, that’s a red flag too.

As for negative countertransference, aren’t some people just annoying? Perhaps. But it also could be that another practitioner would find them endearing, or it could be that your “annoying client” is simply anxious or even responding to your careless framework. Do you think a particular client got up that morning with the intention of irritating you and making your day seem longer? Or do you sense that that is generally the way he or she copes with situations that are difficult for him or her?

Clients who seem difficult or demanding are often trying to mask their underlying fear, neediness, or confusion. The helpful response to these clients is actually just the opposite of our natural inclination. Most of us would be naturally inclined to be impatient and have a “get-over-it” attitude with such a client. However, to really settle this client down, we can respond with attentiveness and concern, for instance, to ask for extra feedback about whether they are

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comfortable—how’s the room temperature, do they want a deeper or lighter pressure, or what else do they need to help them relax? It’s easy to be caring with an appreciative client; picky clients are the true test of our compassion.

### *How to Work with Countertransference*

Countertransference happens constantly. It’s not a question of “if,” but rather of when and how it arises and what kind of people you most easily overreact to. And after you think you’ve got your inner responses to clients figured out, someone walks through the door who turns you upside down and makes you wonder why you feel mad, fascinated, or exhausted. Working with your own transference (which is called countertransference) is an ongoing learning process.

#### NOTICE WHEN YOU MAKE EXCEPTIONS

As discussed earlier, one of the best ways to know when you are acting out of countertransference is to notice when you want to go outside your usual boundaries or change the usual structure of your sessions. When you come in an hour earlier than usual for a client, are you responding to a real need? Or are you accommodating him because you feel too intimidated, guilty, or perhaps charmed to ask the client to fit into your schedule? Paying attention to framework and boundaries provides safety for you because countertransference just naturally happens. We’re all humans and always have unresolved issues, old wounds, and insecurities that color our judgments.

#### GET OUTSIDE HELP

After you have identified your own countertransference, you can figure out how best to work with it. Sometimes just being aware of it is enough to overcome it. However, other times, you need to get outside help with both recognizing it and learning how to turn those feelings into a better understanding of the client and of yourself. A good way to learn how to recognize when a client hooks you is to consult with a professional trained in psychological dynamics—a counselor or psychotherapist, for instance. Such consultation can help illuminate your countertransference and deal with your feelings related to your clients’ transference.

A practitioner found herself unusually annoyed with a client—a woman who was slightly older than the practitioner and who seemed sweet but passive. In talking with her consultant, the practitioner realized that the client reminded her of her mother’s passivity, which often angered her. Once she realized that her feelings were related more to her mother than to her client, she was able to work with that client more objectively.



Talking over your responses to clients with a consultant can help you gain the objectivity you need to be skilled in your client relationships. Some practitioners prefer having an ongoing relationship with a consultant for support and help with identifying their strengths and weaknesses in relationships with clients. A consultant can help you know, for instance, when it may be appropriate to refer a client to someone else. If you've done your best to find compassion for a client but are still constantly irritated, you're not helping such a client by continuing to work with him or her. Likewise, if you've discussed your feelings of attraction to a client and those feelings are still intruding into a session, you need to refer that client to another practitioner. It is against professional ethics to work with clients toward whom you have strong feelings of either attraction or repulsion.

Practitioners who regularly consult with professional counselors or bodyworkers trained in psychological dynamics find that it helps them sort out these issues and makes their jobs easier. Strong positive or negative feelings about a client are red flags. Getting outside help can turn those annoyances or infatuations into solid learning experiences.

## Hearts and Minds

Giving and receiving bodywork can both touch our hearts and cloud our minds. Bodywork brings up unconscious material—for our clients as well as ourselves—that can interfere with the therapeutic relationship. Clients get mad at us, clients fall in love with us, and we get irritated or love them back. Our role is to sort out those feelings in a way that empowers and benefits our clients. Our job is to do our best to keep our own issues from intruding into the therapeutic process.

Clear boundaries and a sturdy framework help both parties handle their transference and countertransference reactions. They orient us and bring clarity to the murkiness that arises from unresolved personal history. When we strive to be consistent and even handed, we can identify our red flags more quickly and get help when heading down the wrong path. It takes careful thought, training, and determination not to let the power imbalance inherent in the therapeutic relationship throw us off.

Appreciating the power of transference and countertransference is the key to understanding why we need to take care with boundaries and framework. In fact, the power imbalance between client and practitioner is the reason for most professional rules of ethics. Without an understanding of those dynamics, ethical and boundary guidelines can seem like arbitrary dictates rather than necessary structure.



## QUESTIONS FOR REFLECTION

- 1** Think of a situation when you were the client of a manual therapist (or other practitioner) when the practitioner was doing something that you didn't agree with or that was making you uncomfortable. Did you question the practitioner at the time or assert yourself? If you did assert yourself, did something that the practitioner said or did make it easy for you to do so? If you didn't, what could he or she have done to make it easier?
- 2** As an adult, have you ever had a crush on someone who was in a professional role with you? How did the professional handle it? What was helpful or not helpful in the way the professional responded to your crush?
- 3** Have you ever felt small or helpless with an authority figure or a practitioner and then acted "big" and angry? What other ways do you react in the presence of an authority figure?
- 4** Can you think of a recent time in your everyday life when your response to someone may have come from old perceptions or patterns (transference) rather than the reality of the moment?
- 5** Have you ever had a manual therapist or practitioner use you as a captive audience? How did you feel? If you didn't like it, did you express that at the time?